

Dakota County Human Services Advisory Committee

Report on Adult and Juvenile Alcohol and Other Drug Consumption and Resulting Challenges to Dakota County

June 12, 2007

I. Background and Purpose

Persons suffering from alcohol and other drug use represent a pervasive and growing challenge for Dakota County. Over all, issues of alcohol and other drug use are appearing in every venue from criminal activity, destruction of families, physical maladies to mental health and societal productivity.

In 2006, the Dakota County Human Services Advisory Committee (HSAC) elected to review the current state of chemical use in the county and study current interventions and treatment options. Methamphetamine production is a serious concern for suburban counties such as Dakota County, with use growing at an alarming rate in our communities. The array of drugs – crack cocaine, marijuana, and methamphetamine – was considered in the study, as well as the impact of these drugs on mental and physical wellbeing. In addition, the committee looked at the mix of chemical dependency with mental health issues and how it creates a concomitant dilemma of which illness to initially address.

HSAC established a work plan to:

1. Conduct background research on specific issues concerning dependency on alcohol and other drugs, including:
 - a. The extent of the problem both statewide and within Dakota County.
 - b. Understanding and appreciating the physiological and psychological impact of chemical and other drug use on an individual.
 - c. Review the cost of the problem and benefits of any proposed programs or services to address treatment.
 - d. Determine the current and potential impact and effectiveness of alternative approaches.
2. Review the current inventory of treatment options, including:
 - a. Identification of promising practices.
 - b. Identification of gaps and redundancies.
3. Identify and recommend approaches and solutions.

II. Addiction Model Adopted to Serve as the Basis for the Recommendations

Originally HSAC proposed to study the chronic inebriates and recommend interventions to support their recovery. Early in the study, HSAC determined that the chronic inebriate was too limited a population for the study and chose instead to consider the broader, more widely adopted identifier of chemical dependency as addiction.

Chronic Inebriates	Chemical Dependency as Addiction
<ul style="list-style-type: none">• A severe dependency on drugs and/or alcohol.• Despite numerous treatment attempts, individual continues to abuse substances to the serious detriment of their health and wellbeing.• Excessive use of the emergency room or detox center.• One or more commitments due to chemical health issues.• Multiple treatment episodes in the past 5 to 10 years.• Severe physical problems resulting from the effects of addiction over time.• Chronic unemployment, financial problems, and homelessness.• Legal and criminal problems.• Disengaged from their families, who are “burned out” and “fed up” with the toll of addiction.	<ul style="list-style-type: none">• Compulsive, with uncontrollable, drug craving, seeking, and use.• Persists in the face of extremely negative consequences.• Chronic condition relapses possible even after long periods of abstinence.• Requires ongoing health maintenance strategies to keep disease in remission.

Significant developments in biochemistry have led to a reluctant understanding of the nature of addiction. The recommendations of HSAC and the actions of Dakota County staff and treatment centers should align with the best current understanding of the nature of addiction and recovery.

The National Institute on Drug Abuse (NIDA) at the National Institute of Health published an article entitled “Addiction is a Brain Disease” written by Dr. Alan I. Leshner. The article is acknowledged as a definitive statement from the scientific community regarding alcohol and other drug addiction. HSAC did not review the text but did receive a presentation from Carol Ackley, Director of River Ridge Treatment Center in Burnsville, Minnesota.

HSAC adopted the position that addiction is characterized by compulsive, at times uncontrollable, negative consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. This definition

removes the consideration of withdrawal or tolerance, indicating that withdrawal can be controlled by appropriate medications. Dr. Leshner goes on to indicate that the most dangerous and addictive drugs like methamphetamine and crack cocaine do not produce very severe physical symptoms during withdrawal.

What was most persuasive to HSAC members is the doctor's conclusion that, "What really matters most is whether or not a drug causes what we now know to be the essence of addiction: uncontrollable, compulsive drug craving, seeking and use, even in the face of negative health and social consequences."

In the brain disease model, an individual's initial use of drugs is for a variety of reasons, and the affect varies for each individual. Those who have a strong response to the drug move on to addiction. Once addicted, the brain has changed. A function of addiction as a brain disease is chronic drug seeking and using behaviors. According to Dr. Leshner:

"We now know in great detail the brain mechanisms through which drugs acutely modify mood, memory, perception, and emotional states. Using drugs repeatedly over time changes brain structure and function in fundamental and long-lasting ways that can persist long after the individual stops using them. Addiction comes about through an array of neuroadaptive changes and the laying down and strengthening of new memory connections in various circuits in the brain. We do not yet know all the relevant mechanisms, but the evidence suggests that those long lasting brain changes are responsible for the distortions of cognitive and emotional functioning that characterize addicts, particularly including the compulsion to use drugs that is the essence of addiction."

Thus, the majority of the biomedical community now considers addiction, in its essence, to be a brain disease, a condition caused by persistent changes in brain structure and function.

During the research process, HSAC received significant information on the effects of trauma and early childhood development for both men and women and the resulting addiction. One of the elements that HSAC adopted is that although environment alone does not cause addiction, environment does play a critical role in disease development, progression, and recovery. It is widely agreed that environment is a predisposing factor for addiction. Genetics can create a predisposition to addiction but if the individual does not use or infrequently uses a drug, an addiction will not develop. There is the reality that simply being exposed to chemical use within the family when used regularly by family members, having the access to the substances, and being subjected to the stress does significantly increase the risk of early individual use.

Addiction is a chronic illness having impact on the physical, biological and psychological functions. The characteristics of addiction as a chronic illness are:

- Symptoms vary over time and present differently in individuals

- Recovery is dependent upon ongoing health maintenance
- The illness is a result of voluntary and involuntary actions
- Relapses are a real part of the addiction as with other chronic illnesses
- There is a genetic element to addiction
- Treatment for alcohol and drug addiction is as effective as treatment for other diseases (i.e. heart disease, high blood pressure, and diabetes).

The brain disease model does not diminish the responsibility of the individual and their freedom of choice and responsibility in use and recovery of dependency on alcohol and other drugs. Dr. Leshner notes, “Does having a brain disease mean that people who are addicted no longer have any responsibility for their behavior or that they are simply victims of their own genetics and brain chemistry? Of course not. Addiction begins with the voluntary behavior of drug use and although genetic characteristics may predispose individuals to be susceptible to becoming addicted, genes do not doom one to become an addict.”

Moreover, as with any illness, behavior becomes a critical part of recovery. At a minimum one must comply with the treatment regimen, which is harder than it sounds. Treatment compliance is the biggest cause of relapse for all chronic illnesses, including asthma, diabetes, hypertension, and addiction. Moreover, treatment compliance rates are no worse for addiction than for these other illnesses, ranging from 30 to 50 percent. Thus, for drug addiction as well as for other chronic illnesses, the individual’s motivation and behavior are clearly important parts of success in treatment and recovery.

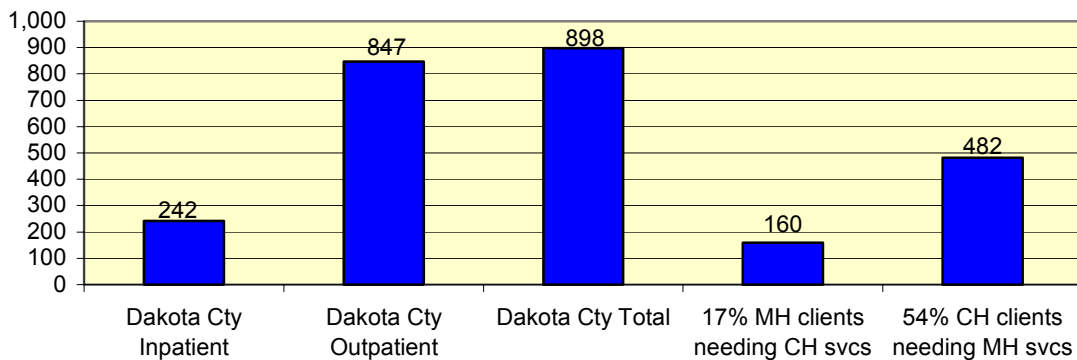
The human brain does not completely develop until one is in their mid-twenties. Research also indicates that the developing brain is more vulnerable to the effects of alcohol and other drugs. The line between addiction and misuse is a more challenging determination for young persons than for adults. HSAC does support the premise that early use among children and adolescents is more likely to lead to addiction.

III. Areas of Study and Consideration

A. Co-Occurring Disorders

From the background presented, HSAC moved into the study of the status of addiction in Dakota County. Of significant interest to the committee was the co-morbidity illness issue. This phenomenon is estimated to affect 7 to 10 million Americans in any given year. The phrase co-morbidity is most frequently referenced in medicine as those physical and mental health problems co-occurring for individuals - diabetes, heart disease, hypertension, asthma, and obesity are common physical conditions. About 43% of the seriously mentally ill have one or more of these health concerns and 46% have not been diagnosed. In the context of chemical health, co-morbidity means the presence of mental health, physical health, and substance use challenges for an individual. The mentally ill and chemically dependent (MI/CD) are a significant portion of the total number of mentally ill clients served by Dakota County.

2005 MI/CD



The complexity of co-morbidity in addiction is in the planning for treatment. Frequently the mental health client is on psychotropic medications to stabilize the mental health disability. The use of these medications is rejected in some treatment facilities. The client would have to withdraw from the medications that are keeping their mental health stable in order to enter chemical health treatment. The lack of the psychotropic medications causes the client to decompensate mentally. A cycle develops which compromises the client's ability to be stable and receive appropriate treatment.

The negative outcome with a lack of integrated care in treatment plans for co-occurring disorders is an increase in vulnerability to relapse, more psychotic symptoms, depression and suicidal ideation, recidivism, and the inability to manage finances, daily needs and housing. The use of methamphetamine compounds the diagnosis for MI/CD. Many individuals presenting in the emergency departments in the metro area are from suburban counties where methamphetamines are more frequently the drug of choice. The consumer presents as psychotic and out of control. Most frequently they are sedated and the attending physician in the emergency department issues a 72-hour hold for commitment. When the individual clears, the question becomes which came first, a mental health disability or the drug.

Detox centers will take a methamphetamine user but have little to offer in detoxification services. Three days is insufficient time for the individual to clear from methamphetamine. Planning treatment for a methamphetamine client needs to include at least six to nine weeks for the effects of the drug to clear and allow the individual to be responsive and participatory in treatment.

B. Impact on Family Systems

Family systems are directly and negatively affected by addiction. Family violence and parent/child conflicts are often the result of ongoing issues with chemical abuse. HSAC heard about the impact of trauma on women in the context of chemical addiction. The abused mother, whether the abuse is from her current relationship or from her past, carries it forward to the manner in which she raises and interacts with her children. She establishes the

environment where children live in chronic use and creates an ideal situation for early use by her children. Exposure to trauma can create a post-traumatic stress disorder (PTSD) response in the limbic system and can become chronic. There are three symptom clusters to post traumatic stress: re-experiencing, numbing and avoidance, and hyperarousal. Trauma disrupts the chemistry of the brain and can predispose a woman to alcohol and drug use, eating disorders, self-injuring behavior, and mental health problems.

Families that face domestic violence are predominately families where addiction is present. The requisite stability, safety, and nurturing required for children to develop is shattered in violence and creates vulnerable and fearful children who may follow their parents' method to anesthetize the pain. When trauma occurs in childhood, it can have lasting effects on brain development. Roughly 40 percent of all female offenders and 25 percent of all male offenders have a dual diagnosis of MI/CD. Well over 50 percent of all offenders have CD issues.

C. Economic Impact

The economic impact of addiction is staggering and continues to grow. The loss of employment time, the redirected dollars from family care to chemical use, and the cost to counties and other systems to support assessments and treatment planning as well as cost of commitment, creates a huge economic burden for our society. In 2006, the State of Minnesota lacked sufficient funding to meet the need for Rule 25 assessments and treatment for qualifying consumers. The legislature was required to provide an additional \$2.6 million to the chemical health budget for the remaining eight months of the biennium.

2006 Budget	
Dakota County Allocation from DHS	\$2,252,765
Dakota County Maintenance of Effort (15%)	\$1,119,128
2007 Budget	
Dakota County Allocation from DHS	\$3,065,819
Dakota County Maintenance of Effort (15%)	\$1,417,462

Most people who abuse alcohol or illicit drugs are employed. Nearly 76 percent of illicit drug users are employed either full or part-time. More surprisingly, 81% of binge drinkers and 80% of heavy drinkers are employed. About 60% of adults know someone who has reported to work under the influence of alcohol or other drugs.

Last year alcohol and other drug addictions cost the American economy \$185 billion. This loss in the workplace was due to absenteeism, decreased productivity, thefts, injuries, and mistakes. In addition, emotional costs of frustration, anger, and depression, and loss of trust take their toll when an employer, employee, or co-worker struggles with chemical addiction. A study at the University of New York indicated that for every \$2.30 spent by employers on addiction recovery there was a health cost savings of \$1.00.


A workplace benefits substantially by addressing addiction in the workplace and getting treatment for employees who need it. Addiction treatment costs less than replacing an employee especially for professional employees. Replacing a professional may cost two to three times the annual salary for recruitment, advertising, reviewing applications, training and travel, not to mention loss of company knowledge.

IV. Treatment Options

A. Access to Treatment

After consideration of the impact of alcohol and other drug addiction on the community, HSAC moved the focus to treatment options. A continuum of intensity of services is currently in place. The following represents the intensity of services from most restrictive on the left to the least restrictive on the right. Each consumer is provided a Rule 25 Chemical Health Assessment. The assessment involves contact with two collateral persons who offer additional and confirming information; these individuals may be family members, employers, co-workers or friends. The information collected in the assessment is then synthesized and a determination is made on the degree of chemical use. Most often the decision is that no abuse of addiction is present, abuse only or addiction warranting treatment.

Chemical Health Continuum of Care								
Inpatient Treatment	Extended Care Treatment	Intensive Outpatient Treatment	Halfway House Care	Three Quarter House Care	Sober Housing	Outpatient	CH/DWI Classes	Independent Living



The question of treatment options in Dakota County is addressed in a Screening Committee that meets three to four times per week. The group process allows for full discussion and brainstorming to find the most appropriate setting for treatment. Once the treatment decision is made, the facility and consumer are contacted to have the individual's needs and program goals discussed. Consumers, unless under commitment, do have the option to decline the treatment offered. A period of time is offered to each person to review the suggested treatment plan and contact or report to the facility. Should the person fail to enter treatment a second opportunity is offered and then the case is closed.

In Dakota County, we request our county contracted providers to provide a written report every two weeks on our consumers. In addition, if the consumer is struggling with the treatment center, a conference with the consumer and facility is scheduled to verify, adjust, or otherwise change the treatment plan.

Current treatment options have been routine and cognitively based. Consumers who are cognitively challenged or still clearing from the effects of chemical use find little satisfaction in most of the treatment options available. Sometimes the mental health disabilities block the individual from gaining much insight and understanding in the current programs. The programs are also generally AA Twelve-Step based and do not always address the individual needs of consumers.

B. New Treatment Options

The current treatment process needs to be enhanced to highlight individual needs, while supporting primary assessment, treatment options, and re-assessment. The Minnesota Department of Human Services has the Chemical Health Division redesigning the current assessment and treatment process. HSAC learned of the new Rule 31 treatment facilities and the new Rule 25 assessment process. The goal of the new rules is to move more deeply into the concept of individual planning, based on fixed risks and intensity of need scales. The “Six Dimensions” have been developed to create the basis for a common language in addiction.

The Six Dimensions also carry the authority and obligation to adjust the individual treatment goals at any point in the episode of treatment. A person in outpatient treatment may be quickly identified as needing inpatient treatment and have that change implemented immediately as space allows. The treatment facilities and the referring entities need to have deeper, stronger communications. The Six Dimensions allows for that communication. The new process relies on assessment, treatment and re-assessment on a continuous basis for the individual during the treatment episode. Gone are the time-limited authorizations of 28 days inpatient or 48 hours outpatient restriction. The length and flexibility in duration of the treatment in both primary and supplemental settings makes the new model valuable to the consumer and more supportive to those who wish to change their lives and addiction.

The new rules grew in part from the wide variation from county to county in the provision of treatment services. Currently many counties either believe they can't or won't engage in reciprocal agreements to honor assessments and provide treatment for those outside of their county of residence. This is particularly frustrating when the absence of such reciprocity can create a costly delay in receiving assessment and referral to treatment.

C. Case Management

Case management services are mainly offered to the heavily dependent or long-term addicts. Individuals who have been in the system and have been unable to sustain recovery are often provided case management for long-term ongoing support. Case management is also the key to recovery for victims of trauma who have turned to alcohol and other drugs.

Case management is a planned approach with the client to determine the needs the individual has and the priorities of those needs. Case managers are brokers who support the individual and connect them to services. Case management can be at various levels of intensity and duration. The key for the chemically addicted is the duration. Long-term case management is the best support and recovery option for many deep-end addicts, trauma victims, and those with co-occurring disorders.

It is within case management that services for individuals with co-occurring disorders are most often discussed. A solid case management plan that addresses all areas of need and brokers services in an order and manner that is engaging for the consumer is critical. Segregated services that attempt to place an order to the treatment modalities do not serve the client well. Addressing only chemical health at the cost of mental health stability or overlooking the physical health is destined to fail the consumer. While co-occurring disorders may require two case managers, best practices supports a model for long-term case management by a single social worker addressing all areas of need for the individual. The case management plan needs to begin with the client's current condition, establish that basic needs are met, and then plan for the simultaneous recovery in all domains – physical, mental and chemical health.

The federal government is supporting the concept of “no wrong door” to treatment for this population. Some of the proposed changes in the Governor's Mental Health Bill include more open and comprehensive services for consumers with co-occurring disorders. It is suggested that a full and complete assessment is essential, along with achieving integrated treatment and the support of a continuity of care that simultaneously supports the mental health disabilities, the physical health issues, and the chemical addiction. The process should also stress the need for continued re-assessment and modification of the treatment plan to meet the consumer where they are at in each point in the recovery.

As a special population, methamphetamine users are generally in need of long-term case management. If six weeks is necessary to have them generally clear from the effects of the drugs, then for six weeks they need support to rest, heal, receive appropriate nutrition, and plan for the wellbeing of their families. Thereafter, the service that seems to offer the best hope of recovery is not only primary treatment but also case management with access to therapy and medical monitoring. There are long-term physical affects of methamphetamine use that need to be healed and monitored for depth of recovery.

Depth is lacking in the area of trauma informed services. Trauma informed services are services that are provided for problems other than trauma but require knowledge about violence against women and the impact of trauma, thereby increasing their effectiveness. These services take trauma into account to avoid triggering trauma reactions or newly traumatizing the individual. This type of service allows trauma survivors to manage their trauma

symptoms successfully so that they are able to access, retain and benefit from the services. Women are most frequently the victims of trauma and services must provide an assessment and response to poverty and relationships, as well as physical and mental health issues. Most treatment programs are currently designed for men. When AA was initiated there was no recognition that women could have issues of addiction.

D. Medications

Medications are a growing option. There are several drugs that have been widely used – Naltrexone, Acomprosate, Buprenorphine or Nalaxone and Methadone to name a few. The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism support studies on more than 100 experimental addiction medications. No medications to date have proved to be strikingly effective as new treatments.

While pharmacology is a developing tool and should be supported, it is burdened with significant federal restrictions. The use, number of consumers allowed on a drug, and licensing requirements to distribute the medications, especially methadone, can restrict the work of doctors to impact individuals with severe chemical addictions. Doctors are hesitant to use the new drugs unless the state of the addict is severe and other service modalities have been repeatedly tried without success. The legal requirements for establishing the qualification of the individual for the chemical regime are intense. Each doctor is limited in the number of lifetime clients given some of the more promising drugs for rehabilitation. Many doctors are refusing to use these drugs due to the potential impact on their licensure and the federal penalties.

E. Drug Courts

Developments in the legal system are recommending more supportive approaches to chemical addiction. The Minnesota Supreme Court created a Chemical Dependency Task Force to study the pervasive and growing challenge for Minnesota's judicial branch, in particular the criminal courts. The impact of alcohol and other drug problems in the legal system is not confined to any one type of case but is common throughout the judicial branch. The Supreme Court charged this task force with finding cost-effective and productive responses to the issues.

The Minnesota Supreme Court Chemical Dependency Task Force issued recommendations in six key areas from development of problem-solving approaches in the courts to specific approaches for juveniles, methamphetamine cases, and DWI offenders. Funding was also highlighted in the recommendations.

The County Attorney for Dakota County, James Backstrom, presented to HSAC and offered an update on the direction of the task force and his support for a

Drug Court in Dakota County in addition to the Family Dependency Treatment Court that is currently operational in the county.

An area of interest to HSAC is the understanding of the use of technology in prevention of DWI offenses. There are several nationally based companies who have developed systems that prevent the ignition of motor vehicles without an initial breathalyzer test and continuous monitoring of sobriety during the use of the motor vehicle. This program is currently in use in Hennepin County Drug Court.

IV. Recommendations

1. **Recommendation:** Dakota County acknowledges and embraces the reality that chemical dependency is an addiction that requires patience and lifelong recovery and is marked by relapses.

Chemical Dependency is an addiction with resulting brain disease and is a life long challenge. Free choice is an element in addiction; the use of alcohol or other drugs, even for a brief period of time, can lead to addiction and brain disease. The repeated engagement with alcohol and other drugs changes the patterns in the brain critical to controlling and maintaining compulsive behaviors and producing feelings of satisfaction and gratification. Once the system has been disrupted, breaking the destructive cycle becomes a lifelong journey marked by relapses.

Compounding this reality is the impact of trauma on women and children. Trauma is defined in the diagnostic manual used by mental health professionals (DSM IV) as “involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”

2. **Recommendation:** Dakota County should target teens to prevent a lifelong struggle with alcohol and other drug addictions.

Environmental considerations do play a role in enhancing the potential for engaging in drug use. The health of a family will impact predispositions to use of alcohol and other drugs. A traumatized parent or caretaker will also impact the health and well being of the children.

3. **Recommendation:** Dakota County should seek or design new treatment options to meet the needs of special population consumers thereby expanding the continuum of care.

The current continuum of care needs more services and individualization. While the current continuum of treatment options offers an array of services and intensities of services, the continuum is too narrow in focus and content.

Current treatment options involving traditional AA and cognitive behavior modalities are effective for many but not all consumers. A broader range of treatment options is necessary that does not reflect the current limitations on number of units or days of service. The proposed DHS Chemical Health Rule 25 and the current redefined Rule 30 offer more individualized treatment alternatives at least as it impacts assessment, treatment, and re-assessment functions.

4. **Recommendation:** Dakota County should assure that programs support individual needs with flexibility in length and intensity of services.

Specifically, non-cognitively based programs that will engage the mentally disabled, traumatically brain injured, or other consumers with limited cognitive skills. These programs need to look beyond the AA 12-step model and incorporate alternative methods for consumers to hear and absorb the information on addiction.

Trauma-informed services are needed that take women and trauma into account. The programs will need to avoid triggering trauma reactions and potentially traumatizing the individual. Patience for the consumer and appreciation for the effects of trauma on each individual is requisite. Trauma specific services designed to address violence, trauma, and related symptoms and reactions is needed. The intent of the activities is to increase skill and strategies that allow survivors to manage their symptoms and reactions with minimal disruptions to their daily obligations and to their quality of life and to eventually reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.

5. **Recommendation:** Dakota County should serve as gatekeepers to services regardless of how the individual entered the system, to support the flexibility needed in case management services and programs. Case Management Services should be fine tuned to enhance individual needs, support frequent re-assessments, understand relapse, and include best practices elements for special populations.

Case management is a crucial key to success for the chemically addicted. Case management begins with a full and complete assessment followed by collateral contacts, summary of information, and construction of an individual treatment plan. However, case management does not end there. It needs to continue on to include confirmation that the treatment plan is the best available and to continuously re-assess the individual. Re-assessment is a critical component to recovery and relapse prevention. Knowing where the individual is in the three critical domains of physical health, mental health, and chemical health allows the individual to be properly supported with a flexible and resourced case plan. Whether the consumer enters the system through the courts, mental health, hospital, detox, or walk-ins, all aspects of their needs are considered and individualized for them. Above all, the case management plan

must include the reality of relapse and offer understanding, support, and options during those incidents.

For co-occurring disorders, the Federal recommendation of a “no wrong door” approach to treatment offers the consumers the best opportunity for stabilization and recovery. The case management process includes integrated treatment and program flexibility. Women suffering trauma need to receive case management that is supportive and sensitive to allow them to feel safe and begin recovery.

6. **Recommendation:** Dakota County should continue to plan for and support Drug Courts and other problem solving approaches within the courts and legal system.

Systems are changing, especially the courts and legal systems. The Minnesota Supreme Court Chemical Dependency Task Force has completed the study on adult and juvenile alcohol and other drug offenders. Part of their recommendation is to support Drug Courts, adopt problem-solving approaches regarding juvenile alcohol and other drug offenders.

The report recommends that problem-solving approaches should be considered when appropriate. Problem-solving approaches include:

- Special assessment for victims of domestic violence
- Cultural sensitivity and culturally appropriate services
- Family Dependency Treatment Court, as well as Juvenile and Adult Drug Courts
- Support the use of civil commitments when necessary

V. Conclusion

For much of 2006 and early 2007 the Human Services Advisory Committee explored one of the most challenging issues in our community. The study has revealed that alcohol and other drug addictions present a significant and growing challenge. With that challenge comes great opportunity to support, create, design, and monitor options. Drawing on the current continuum of services and the broad understanding of addiction and recovery, Dakota County is positioned to develop new services and utilize new understanding to monitor existing systems to support chemical addicts. Effectiveness is, however, linked to ongoing collaboration with providers, courts, the State of Minnesota, and health plans. Dakota County is fortunate in that we have been laying the foundation for these dialogues for several years.